

Blueprint Expansion Design and Evaluation Committee
Minutes
June 14, 2011

Attendees

Name	Organization
D. Barton	BiState
T. Bequette	DVHA
G. Bjornson	BCBSVT
K. Browne	DVHA
P. Cobb	VAHHA
L. Goetschius	Addison County Home Health
M. Hartman	APS Healthcare
P. Jones	DVHA
S. Maier	DVHA
L. McLaren	MVP
M. Scholten	APS Healthcare
B. Tanzman	DVHA
L. Dulskey Watkins	DVHA
By Phone	
P. Biron	BCBSVT
M. Bolt	Rutland Regional
A. Cochran	VPQH
K. Cooney	NCHC
L. Francis	Gifford
A. Otis	Public
B. Steckel	FAHC
L. Ruggles	NVRH
K. Smith	BCBSVT
J. Flynn-Weiss	MVP Healthcare

The meeting opened at 8:35 a.m.

I. Expansion Update

Dr. Watkins reported that with the exception of Brattleboro, we will meet the legislative mandate of having a minimum of two primary care practices in each health service area becoming Advanced Primary Care Practices by July 2011. Due to high employee turnover, Brattleboro will have one practice recognized by July and the second practice is now scheduled for October. Legislation requires the involvement of all willing primary care providers in Vermont by October 2013. We will have a tight schedule over the next couple of years with the added complexity of needing to resurvey the early pilot sites. Jason Roberts, our analyst at the Department of Health, is helping us with our tracking database. As of July 1, 2011, we will have 53 primary care practices fully recognized by NCQA and approximately 200,000 to 250,000 patients. Information technology remains a challenge. It is very complicated getting the information into the registries. The big hurdle this summer is the transition from GE to Medicity. Both VITL and Covisint have increased staffing to help with this work.

II. Pediatric Component Expansion

We now have three fully recognized Pediatric practices. One full-time practice facilitator has been hired to work strictly with pediatrics. Metrics for the pediatric dashboards are currently being developed with Dr. Paula Duncan and Dr. Stanley Weinberger. Pediatric rollout will be in concert with the general rollout.

III. Payment Mechanisms

Pat Jones described the payment mechanism for providing Community Health Team payments in the future. Currently we have 5 major carriers. (MVP, BCBSVT, CIGNA, Medicare, Medicaid) The four largest payers will each pay 22.2% shares and MVP, being the smallest payer, will pay an 11.12% share. The Payer Implementation Workgroup meets every two weeks to continue to work out the details.

SASH: Beth Tanzman gave an update on the Seniors Aging Safely at Home (SASH) program. The SASH program was included in Vermont's Multi-payer Advanced Primary Care Practice Demonstration Proposal. SASH implementation is being headed up by Cathedral Square. For every 100 Medicare enrollees, each SASH team will include a full-time (1 FTE) SASH Specialist and part-time (.25 FTE) Wellness Nurse. SASH data will be included in the Medical Home data. SASH will be paid by CMS through the CHT payments.

CMS Requirements: CMS will be supporting our practices and community health teams as do the other major Vermont payers. In order for CMS to make payments they have requested quite a bit of detailed information. Pat Jones thanked the project managers and payers for the amount of detail provided and effort involved in collecting the information. Pat Jones has been working with CMS, project managers and commercial payers to develop a standard patient roster. CMS will need quarterly roster updates. CHT payments will be made based on the population of the Health Service Area. Medicare will be covering payments as of July 1, although the first

payment will not begin until October. The first payment will include the months of July, August, September and October and monthly payments will be made thereafter.

MOU: The previous Memorandum of Understanding, which outlines the insurer payment obligations, for the pilots has expired. Pat has distributed a draft MOU and is getting feedback from the payers to refine it. In terms of CHT payment strategy, the four largest payers will each pay 22.2% shares and MVP, being the smallest payer, will pay an 11.12% share.

HSA grants: The Blueprint will continue to renew grants for each of the health service areas. The new grants will focus on increasing support for self-management and continued funding of local project management. Grant renewal will take place in October.

Streamlining Processes: We will attempt to standardize these complex processes as much as possible

IV. Public Comment
None

V. Other Business
None

The next meeting of the Blueprint Expansion Design and Evaluation Committee will take place on July 20 from 8:30 to 10:00 a.m.